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An
Inaugural Dissertation
On
Pneumonia Biliosa
by
Henry May
of
Virginia

Passed March 27th 1827
W. E. H

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Pneumonia Bilosa is a disease, widely per=
=vading the whole southern section of the United States, and is endemic in all miasmatic districts of country; it is occasionally sporadic. —
It is a disease, which has, on account of its frequency and fatality, called forth the united talents of the medical world, in assigning it a true Pathology and in indicating a correct mode of treatment. Whatever diversity of opinion, as to the pathology of this disease, may exist among practitioners of other States, the physicians of this are pretty well agreed. They consider it a combination of our autumnal bilious fever together with in=
=flamation of the Lungs. Indeed, the circum=
=stances, under which the disease makes its appearance, added to the symptoms and mode of treatment fully justify such an opinion. In the summer months, during

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the decomposition of vegetable & animal matters, there escapes a pestilential effluvia, the remote cause of Bilious fever. This effluvia lays the foundation for the disease, which may be re= =tained, without being roused into action 'till the fall or winter: when, on the presence of some one of the exciting causes of Pneumonia, such for instance, as cold or sleeping in damp sheets or intemperance or sudden vicissitudes of weather from hot to cold, checking perspiration and thereby throwing back on the lungs a quantity of blood and other fluids producing congestion of that organ, the compound disease of Bilious Pleurisy is produced. Whilst I admit that a predisposition to the disease may be contracted from some past distemperature of the atmosphere I am inclined to believe, that it proceeds more frequently from existing miasm. And why should this not be the case? There is, certainly,

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more or less decomposition of vegetable matters during the fall and winter. And did we not admit this, how would we account for the fact that after a comparatively healthy summer on the approach of autumn and winter the bilious fever has made its appearance in as menacing a form as at any other season of the year: as has been the case here for several winters past. It will scarcely be contended, that the predisposition was contracted during the summer and escaped all the exciting causes then present, to be afterwards roused into action when they are comparatively few. —

Bilious Pleurisy commences late in autumn and disappears again on the approach of summer. It is observed to be most prevalent, when there existed during the preceding summer or at that time exists much bilious

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fever. And those who have suffered from the one are generally subjects of the other disease. The labouring class of the community engaged in burning "Plant patches" as they are termed in Virginia, are subject to most violent bilious pleurisies. Is not the alternate exposure to high heats and severe colds sufficient to produce the disease, without recurring to any predisposition. The ground is prepared, in the winter, for the reception of the Tobacco seed by log fires. When the fire is once lit, it is not suffered to be extin= =guished until the whole surface has been burnt. This process frequently consumes a great part of the night; and the seed must be sown while the ground is dry & warm and before any rain or snow has fallen. A chill followed by high fever, hoarseness & accelerated respiration are sometimes the only symptoms. The disease, mistaken for a cold, is frequently, unfortunately,

neglected, until the secretions from the branches of the Trachea are entirely suppressed. Then the pain and difficulty of respiration are distressing in the extreme. The inflammation will also be generally found to have extended to the Diaphragm and abdominal viscera. And the poor wretch, exhausted by continual watching (for they never sleep) goes off with "risus Sardonicus", swelled belly and hiccough. A pain & swelling in some one of the limbs, which changes its place, has been the only complaint of the patient, until disorganization of the lungs has been effected. The characteristics of fever even here will not escape the observation of the accurate and attentive physician. —

The attack of Pneumonia Biliosa is usually announced by pain in some part of the body, more frequently the head or by a general

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soreness of the muscles or by a peculiar sensa=
=tion of anxiety and restlessness from 1 to 2 or 3
days before the attack formally commences.
It is ushered in by a cold stage. In hazarding
a few observations on the cold stage, I shall at=
=tempt to reconcile some discrepancies in the
pathology and treatment of this disease. If I
fail I shall but do what abler men have
done before me. I suppose this "monstrum,
horrendum" to have three heads. When the first
and least dreadful is displayed, full, free reaction
follows. In the chill of the second grade, reaction
is imperfect, not complete until after the lapse
of several days, whether aided by art or not.
In the third division there is no reaction at all.
The symptoms of the first division, which
have been so accurately and elegantly des=
=cribed by Bleyhorn, Armstrong and lately
by Doct. Cartwright, I shall pass over in silence

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as a student of Medicine can expect to do nothing more than merely to copy them. The second division approaches more nearly to a general reaction than the latter and consequently less dangerous. The patient has a sensation both of heat and coldness; complains of a deep seated pain generally in the left occasionally in the right side with inability to lie with composure on the side affected. The pain is greatly increased by an attempt at a full inspiration or by a cough. It extends down to the back and to one or both shoulders or to the clavicles. The cough is dry and hacking or a thin mucus is expectorated. There is an irregular motion of the chest, on attempting a full inspiration. The skin dry and hot; the pulse small and easily compressed or tense and quick; nausea, or vomiting a slightly yellow-tinged

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fluid: urinary secretion scanty. If this partial reaction be not speedily removed, some other vital organ, as the Brain, Stomach Liver or Bowels will take on inflammation, exhibiting the characteristic symptoms of inflammation of those organs. —

The last division is an aggravation of the second in all the dangerous symptoms, in=
=dicating most violent and obstinate conges=
=tions. The patient here is insensible to all impressions of pain and coldness; comatose or delirious, with ~~profuse~~ suffused countenance, dull and heavy eye; with violent action in the carotid and temporal arteries, whilst the pulse at the wrist is small & quick. Respiration, slow and impeded, with a hoarse rattling cough; expec=
=toration, if any, bloody. The tongue is encrusted over with a dry black substance or smooth and polished. The skin, cold

and shrivelled except about the head and chest where it is hot and dry or covered over with a cold clammy sweat. All secretions are suppressed or greatly diminished: the bowels particularly subject to a watery and debilitating catharsis. In this, as in the second division, the inflamation, unlys the congestions be specdily removed, extends itself to other organs. When this is accomplished a considerable change in the pathological condition of the system is produced. Reaction becomes more general and the lost sensibility of the system is restored; as is exemplified by the patients now complaining of pain & coldness. The disease generally runs its course in from 3 to 15 days after the attack. A remission of the symptoms in the morning is favourable. A remission, however, of some of the most dangerous symptoms usually

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precede death. The critical evacuations are copious expectoration, dark, bilious evacuations from the bowels, increased secretion of urine with a general glow and moisture of the whole surface. —

Treatment.

The general plan of treatment is a combination of that for bilious fever and for simple Pneumonia.

In all febrile diseases, it is especially necessary to maintain the free action of the different secretory organs and discharge their products. Insomuch, that when this is effected the patient may be said to be "doing well". In bilious diseases, the secretion and evacuation of bile is most important. In pulmonic fevers, the remark applies most forcibly, to cutaneous and bronchial secretion and expectoration.

In the combination before us, they are all

equally necessary. Hence arises the difficulty of managing the disease. If effectual purgation be neglected, mischief is going on. If hypercathar=
=sis be permitted or excited, the patient is equally maltreated. In the first, the fever will increase. In the second, the same mischief will be perceived, which arises from purging in simple Pleurisy, Viz. suppressed expec=
=toration, general distress, restlessness and anxiety. In the first stage, when reaction is general, the treatment requires no formal detail at this of medical Improvement. If called to a patient before in=
=flamation has actually commenced, which is only to be known by the duration of the attack and by the nature of the pain, which is transitory, venesection should be employed freely. This will generally obviate the tender=
=cy of the lungs to take on inflamation. Should it fail, however, an emetic will

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probably produce the desired effect. We then have a case of simple bilious fever to manage; and by a judicious use of purga=
=tives & occasional venesection to remove and pre=
=vent congestions, the disease will speedily yield. If, however, inflamation has commenced, our reliance must be placed chiefly upon the lancet. Purgatives of Calomel alone or combined with Aloes or Scammony should be given sufficiently to carry off the bile as fast as it is secreted. After two or three bilious evacuations have been procured, a little Laudanum in Seneca Snake root-tea will be found a valuable remedy for deter=
=mining to the skin and preventing a watery catharsis. Tartar Emetic will then be found to be the best expectorant, and should be given in broken doses. After arterial action has been thus reduced, and there remain a dry cough and a pain in the side, a blister should be applied

The mischief, produced from the irritation of blisters in all diseases of high action, until that action is reduced, more especially in bilious diseases, I am convinced, over balances the advantages arising from them merely as a means of local depletion. But after the system has been properly prepared for their reception, they are a very safe and efficacious remedy.—

It sometimes happens after all our efforts, that the disease will not yield to this plan of treat=ment, but runs on to the chronic stage. When this occurs, repeated doses of Ipecacuanha will be found highly serviceable: and finally we should resort to Mercury in alterative doses, until the gums are slightly affected.—

In the second division, where reaction is partial an Emetic, premised by venesection if the pulse will admit it, will generally remove the congestion and develope excitement. Should

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this not succeed, nauseating doses of Tartar Emetic in some warm Diaphoretic tea will be found adequate to produce a general reaction and to promote expectoration. It will then be necessary to resort to Calomel, with the same precautions to prevent watery passages. In the whole course of this disease, we should pay particular attention to the different secretory organs, and assist nature in whatever plan she may adopt to arrest the disease. When arterial action has been reduced, or when the disease approaches the Typhoid nature, the Polygala Seneka, from its stimulating effects on the vessels of the Lungs, will be found highly necessary in enabling that organ to discharge its office. Diluents are also of great utility in promoting expectoration. I may here mention that a decoction of the bark of the Slippery Elm is perhaps the best of the class.

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In this disease, there is a great tendency in the inflamation to extend itself to the adja=
=cent organs, which must be obviated by copious bloodlettings, both local & general. —

The treatment, in the third division, where there is no reaction at all, is still involved in doubt and uncertainty. Whilst some prac=
=titioners treat it by a free use of internal and external stimulants alone, others condemn the use of them internally. They are undoubt=
=edly, sometimes necessary to support the strength of the patient whilst under the operation of other remedies. Our main dependence here is Tartar Emetic; which should be given combi=
=ned with a little Opium, without regard to quantity, until it restores a susceptibility to the impression of other remedies or produces a partial reaction. At the same time Mus=
=tard seed plasters and blisters should be

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extensively applied to the extremeties and over the Epigastric region. After the susceptibility of the system has been restored, reaction should be encouraged by the warm bath and by warm stimulating Diaphoretics. The case must afterwards be treated upon the princi=
=ples already laid down.

Whenever, in the course of the disease any other organ takes on inflamation, we should direct our remedies to arrest the progress of the inflamation. For whether it be symptomatic or idiopathic, unless it be checked, it will inevitably terminate in death. And, whilst we endeavour to remove the cause of the inflamation, our remedies should, at the same time, be applied to the relief of the organ, sympathetically affected. —

The ~~Diuretic~~ dietetic part of treatment, I need not detail, as it will obviously suggest itself

to the discriminating practitioner. —